

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Child and Family Services Agency**



**APPLICATION FOR GRANDPARENT CAREGIVERS PILOT PROGRAM SUBSIDY**

**INSTRUCTIONS**

1. Use this Application to apply for a subsidy under the Grandparent Caregivers Pilot Program. Please note you must complete both pages of the application.
2. This Application must be completed and signed by the person who is applying for a subsidy. CFSA staff is available to help a person who needs assistance to complete the form.
3. When this Application uses the term “child(ren)”, it means the child or children on whose behalf the applicant is applying for the subsidy.
4. One of the attachments required by the application is proof that you are the child’s Primary Caregiver. This can be accomplished in two ways:

The first way is to provide one of the following documents:

- A court order, signed by a judge, granting you custody of the child; or
- A court order, signed by a judge, granting you standby guardianship of the child, pursuant to D.C. Code § 16-4801–4810; or
- A decree, signed by a judge, stating that you have adopted the child.

Or, if you do not have any of the above documents, you may still qualify by:

- Providing one of the following:
  - Records showing that you enrolled the child in school the most recent school year or that you are the primary educational contact for the child; or
  - Immunizations or medical records, no more than two years old, indicating that you are tending to the child’s medical needs; or
  - Proof that you have received either SSI or TANF for the child for at least the last six months; or
  - A letter from any legal, medical, military, law enforcement, social service or similar professional, or your landlord describing your status in caring for the child.

**AND**

- Completing the checklist on page two of the application, stating why the parents are unable to care for the child(ren).

5. For more information about the Grandparent Caregivers Pilot Program, please review the attached information sheet.

***If you submit an incomplete application package you will receive a letter listing what information is missing. Failure to complete your application within 30 days of that letter may result in a denial of your application.***

**Return your completed application and all documents to:**

D.C. Child and Family Services Agency  
Grandparent Caregivers Pilot Program  
400 Sixth Street, S.W.  
Washington, D.C. 20024-5753

For more information about the Grandparent Caregivers Pilot Program, call 442-6100 and ask for the Grandparent Caregivers program staff.



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**I. Applicant** - Provide the following information concerning yourself (the person who is applying for the subsidy).

1. Full name: \_\_\_\_\_  
Last First Middle
- Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_
- Sex: \_\_\_\_\_ Female \_\_\_\_\_ Male Have you ever applied for this program before? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. I am the child's: \_\_\_\_\_ Grandparent \_\_\_\_\_ Great-parent \_\_\_\_\_ Great-aunt \_\_\_\_\_ Great-uncle
3. Address: \_\_\_\_\_  
Street Apt.# City State Zip Code Ward
4. Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_
5. Cell Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_
6. Monthly income from all sources, and the source(s) of the income: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II. Child(ren)** Provide the following information concerning the child(ren) on whose behalf you are applying for the subsidy. Use additional sheets if necessary.

Name (last, first, middle)	Date of Birth	Sex	Social Security Number	Monthly Income	Source of Income

**III. Other individuals** Provide the following information concerning every individual other than the applicant and child(ren) who reside in the applicant's home. Use additional sheets if necessary.

Name (last, first, middle)	Date of Birth	Sex	Social Security Number	Monthly Income	Source of Income

## IV. Attachments

**Please ensure that you have attached each of the following documents to this Application:**

1. Proof that I am the child's grandparent, great-grandparent, great-aunt or great-uncle.
2. Proof that I am the child's Primary Caretaker (please see the above Instructions for guidance).
3. The original results of criminal background checks (each dated within 1 year of this Application) for each adult (a person who is 18 years old or older) residing in my home.
4. Completed applications for Child Protection Register checks for each adult who resides in my home.
5. Proof that I applied for TANF benefits on behalf of the child through the District of Columbia Department of Human Services, Income Maintenance Administration.
6. Proof of household income (i.e., proof of the income of every individual who resides in my house).
7. Proof that I reside in the District of Columbia.

## V. Attestations and Signature

**1. The child(ren) has/have resided with me continuously for at least the most recent six months.**

**2. Circle the one that applies:**

- The child's parent has not resided in my home for at least the most recent six continuous months.

*Or*

- The child's parent resides in my home and I have provided proof that I have been designated as the child's standby guardian, or that the parent is a minor enrolled in school, or that the parent is a minor with a medically verifiable disability that prevents him or her from caring for the child.

**3. The child(ren)'s parents are unable to care for the child(ren) because of the following (check all that apply for each parent):**

- |  |  |
|--|--|
| <input type="checkbox"/> A parent is deceased  | <input type="checkbox"/> A parent is incarcerated                  |
| <input type="checkbox"/> A parent is not caring for the child because of allegations of abuse or neglect   | <input type="checkbox"/> A parent is on active military assignment |
| <input type="checkbox"/> A parent has not been involved with the child or has abandoned the child or has voluntarily relinquished custody of the child | <input type="checkbox"/> A parent is seriously ill                 |

**I solemnly swear or affirm under criminal penalties for the making of a false statement that I have read the foregoing paper and that the factual statements made in it are true to the best of my personal knowledge, information and belief.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Address